

FORM LM-30
**LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT**

This report is mandatory under P.L. 88-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 438 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: U. <u>238</u>	2. Fiscal Year Covered From: <u>10/1/04</u> Through: <u>12/31/04</u>
3. Name and address of person filing. Name <u>Karl D. Sarpolis</u>	4. Name, file number, and address of labor organization. Name <u>I.A.M.A.W. - District 8</u> Labor Organization File Number <u>037215</u>
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street <u>1225 South Harlem Avenue</u>	Street <u>1225 South Harlem Avenue</u>
City <u>Forest Park</u>	City <u>Forest Park</u>
State <u>Illinois</u>	ZIP Code + 4 <u>60130</u>
5. Position in labor organization. <u>Business Representative</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: <u>None</u>	7.a. Nature of interest, Transaction, or Income.
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	
City	
State	ZIP Code + 4

Signature Karl D. Sarpolis

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Karl D. Sarpolis

On 8-6-05

Date

708-771-2802

Telephone Number

NONE

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name:

Trade Name, if any:

Street:

City:

State:

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.